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APPLICANTS

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** CONTINUING DATA *****
 This application is a DIV of 09/580,468 05/26/2000 PAT 6,589,195
AW

** FOREIGN APPLICATIONS *****
AW

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 09/30/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 7~	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
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Verified and Acknowledged
Mandavireket *AW*
 Examiner's Signature Initials

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TITLE
 Modular adjustable prophylactic hip orthosis and adduction/abduction joint

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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